CERTIFICATE OF NEED REVIEW STANDARDS

Michigan Department of Health and Human Services

CERTIFICATE OF NEED

320 S. Walnut St. Lansing, Michigan 48913 Phone: (517) 241-3344 - Fax (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended

COMPLETION: Is Voluntary, but is required to obtain a

Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.

The Department of Health and Human Services is an equal opportunity employer, services and programs provider.

CON Commission Actions With Regard to Section 22203(4)

Section 222203(4) defines a CON review standard to mean a standard approved by the Commission or under Section 22215. The following list identifies the current list of standards and the effective date of the most recent CON review standards. Pursuant to law, the CON Commission may periodically modify this list.

| | STANDARDS | EFFECTIVE DATE |
|---|--|----------------|
| | Air Ambulance Services | June 2, 2014 |
| С | Bone Marrow Transplantation Services | |
| | Cardiac Catheterization Services | |
| | Computed Tomography (CT) Scanner Services | · |
| С | Heart/Lung and Liver Transplantation Services | |
| С | Hospital Beds and Addendum for HIV Infected Individuals | • |
| | Magnetic Resonance Imaging (MRI) Services | |
| | Megavoltage Radiation Therapy Services/Units | - |
| С | Neonatal Intensive Care Services/Beds (NICU) | • |
| С | Nursing Home and Hospital Long-Term Care Unit Beds, | · |
| | Addendum for Special Population Groups | March 20, 2015 |
| | Open Heart Surgery Services | |
| | Pancreas Transplantation Services (Deregulated) | |
| | Positron Emission Tomography (PET) Scanner Services | • |
| С | Psychiatric Beds and Services | · |
| | Surgical Services | · |
| | Urinary Extracorporeal Shock Wave Lithotripsy Services/Units | |

C = Subject to comparative review